



Verification of Work Experience

Consistent with the provisions in the certification program and 9VAC25-850-50, I certify that

_____ is employed by _____

(Applicant's name)

(Employer's name)

as a/an _____ who performs _____ %

(Job title)

of his/her duties as an _____

(ESC Program Administrator, Inspector, Plan Reviewer, Combined Administrator)

since _____ and has accumulated

(Dates of experience)

_____ hours (800 hours min) at that duty.

(Supervisor's signature)

(Date)

(Supervisor's printed name)

(Position)

If an employer (supervisor) falsifies any of the above information, the Program Administrator's, Inspector's, Plan Reviewer's, or Combined Administrator's certification (as well as the supervisor's) will be revoked until a hearing can be held. Falsifying information may void the certification.

Note: Only the experience actually performed as an ESC Inspector, Plan Reviewer, or Program Administrator will apply toward certification.

Please complete this form and print the document.
Submit the document, *electronically via email*, as
part of the certification/recertification process.

Or, you may submit it via Fax: 8046984178